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\*\* CONTINUING DATA \*\*\*\*\*

*NONE*  
*00*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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*00*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

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|   |  |                        |                      |                            |
|---|--|------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>RUSSIAN<br>FEDERATION | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>4 | INDEPENDENT<br>CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |  |                        |                      |                            |
| Verified and Acknowledged<br>Examiner's Signature <i>[Signature]</i> Initials   |  |                        |                      |                            |

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## TITLE

Method of wave biomechanotherapy

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|------------|--|--|
| FILING FEE | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> All Fees                              |
|            |  | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
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